

TRANSMITTAL FORMAttorney Docket No.
SVL920020047US1/3797P

In re the application of:

Brian G. PAYTON et al.Confirmation No: **9134**Serial No: **10/620,857**Group Art Unit: **2162**Filed: **July 15, 2003**Examiner: **Colan, Giovanna B.**For: **Query Model Tool and Method for Visually Grouping and Ungrouping Predicates**

| ENCLOSURES (check all that apply) | | | |
|---|---|---|--|
| <input type="checkbox"/> | Amendment/Reply | <input type="checkbox"/> | Assignment and Recordation Cover Sheet |
| <input type="checkbox"/> | After Final | <input type="checkbox"/> | After Allowance Communication to Group |
| <input type="checkbox"/> | Information disclosure statement | <input type="checkbox"/> | Part B-Issue Fee Transmittal |
| <input type="checkbox"/> | Substitute Form 1449 | <input type="checkbox"/> | Letter to Draftsman |
| <input type="checkbox"/> | Reference Copies | <input type="checkbox"/> | Drawings |
| <input type="checkbox"/> | Extension of Time Request * | <input type="checkbox"/> | Petition |
| <input type="checkbox"/> | Express Abandonment | <input type="checkbox"/> | Fee Address Indication Form |
| <input type="checkbox"/> | Certified Copy of Priority Doc | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Response to Incomplete Appln | <input type="checkbox"/> | Power of Attorney and Revocation of Prior Powers |
| <input type="checkbox"/> | Response to Missing Parts | <input type="checkbox"/> | Change of Correspondence Address |
| <input type="checkbox"/> | Executed Declaration by Inventor(s) | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for 3 month(s), From November 22, 2006 to February 22, 2007. | |
| Other Enclosure(s) (please identify below): | | | |
| METHOD OF PAYMENT | | | |
| <input checked="" type="checkbox"/> | Credit Card Charge in the amount of \$ <u>900.00</u> is enclosed for payment of extension of time fees. | | |
| <input checked="" type="checkbox"/> | Applicant previously submitted Extension of Time Fees of \$120.00 on December 20, 2006. | | |
| <input type="checkbox"/> | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees. | | |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP) | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|---------------|-------------------------------------|
| Attorney Name | Kelvin M. Vivian, Reg. No. 53,727 |
| Signature | /Kelvin M. Vivian, Reg. No 53, 727/ |
| Date | February 22, 2007 |